

Index of Claims



Application No.

09/954,531

Examiner

Carolyn L Smith

Applicant(s)

WEAVER, ZOE

Art Unit

1631

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

| | |
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| — | (Through numeral) Cancelled |
| ÷ | Restricted |

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| N | Non-Elected |
| I | Interference |

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| A | Appeal |
| O | Objected |

| Claim | | Date | | | | | | | | | |
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| Final | Original | 1/13/04 | | | | | | | | | |
| | 1 | ✓ | | | | | | | | | |
| | 2 | ✓ | | | | | | | | | |
| | 3 | ✓ | | | | | | | | | |
| | 4 | ✓ | | | | | | | | | |
| | 5 | ✓ | | | | | | | | | |
| | 6 | ✓ | | | | | | | | | |
| | 7 | ✓ | | | | | | | | | |
| | 8 | ✓ | | | | | | | | | |
| | 9 | ✓ | | | | | | | | | |
| | 10 | ✓ | | | | | | | | | |
| | 11 | ✓ | | | | | | | | | |
| | 12 | ✓ | | | | | | | | | |
| | 13 | ✓ | | | | | | | | | |
| | 14 | ✓ | | | | | | | | | |
| | 15 | ✓ | | | | | | | | | |
| | 16 | ✓ | | | | | | | | | |
| | 17 | ✓ | | | | | | | | | |
| | 18 | N | | | | | | | | | |
| | 19 | N | | | | | | | | | |
| | 20 | N | | | | | | | | | |
| | 21 | N | | | | | | | | | |
| | 22 | N | | | | | | | | | |
| | 23 | N | | | | | | | | | |
| | 24 | N | | | | | | | | | |
| | 25 | N | | | | | | | | | |
| | 26 | N | | | | | | | | | |
| | 27 | N | | | | | | | | | |
| | 28 | N | | | | | | | | | |
| | 29 | N | | | | | | | | | |
| | 30 | N | | | | | | | | | |
| | 31 | N | | | | | | | | | |
| | 32 | N | | | | | | | | | |
| | 33 | N | | | | | | | | | |
| | 34 | N | | | | | | | | | |
| | 35 | N | | | | | | | | | |
| | 36 | | | | | | | | | | |
| | 37 | N | | | | | | | | | |
| | 38 | N | | | | | | | | | |
| | 39 | N | | | | | | | | | |
| | 40 | N | | | | | | | | | |
| | 41 | N | | | | | | | | | |
| | 42 | N | | | | | | | | | |
| | 43 | N | | | | | | | | | |
| | 44 | N | | | | | | | | | |
| | 45 | N | | | | | | | | | |
| | 46 | N | | | | | | | | | |
| | 47 | ✓ | | | | | | | | | |
| | 48 | ✓ | | | | | | | | | |
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| Claim | | Date | | | | | | | | | |
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| Final | Original | | | | | | | | | | |
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| Claim | | Date | | | | | | | | | |
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